



**PARAMEDIC REFRESHER
COURSE AUTHORIZATION REQUEST**
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
SFN 53643 (7-05)



Telephone (701) 328 - 2388 / Fax (701) 328-1890

INSTRUCTIONS: Type or print clearly. *To be completed by course coordinator and returned to Division of Emergency Medical Services 2 weeks prior to beginning of the course.* Return one completed copy to: ND Department of Health, Division of Emergency Medical Services, 600 E Boulevard Ave. Dept. 301, Bismarck, ND 58505 – 0200.
Keep a copy for your records.

COURSE WILL BE CONDUCTED AT:

Name of Facility:		City:	
The course will begin on: (Approximate date)		The course will end on: (Approximate date)	
The course will meet: (i.e. every Tuesday, every Tuesday and Thursday etc.)		Meeting time: (Approximate time)	
EMS Instructor Serving as Course Coordinator: (Name)		Email Address: (Optional)	
Mailing Address:	City:	State:	Zip:
UPS Delivery Address: (if different from above)	City:	State:	Zip:
Work Telephone:	Home Telephone:	Cell Telephone:	Fax Telephone:

If using additional instructors, please list their names and certification level: (EMT, RN, MD etc.)

Date:	Signature:
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DEMS USE ONLY

Date Sent_____
Handouts Sent_____
Course Authorization #_____